

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 12-11-02

*01-348

Deborah A. Lathen
Lathen Consulting, LLP
4000 Massachusetts Avenue, N.W.
Suite 330
Washington, DC 20016

2. Article Number (Copy from service label)

0023 0771 2467

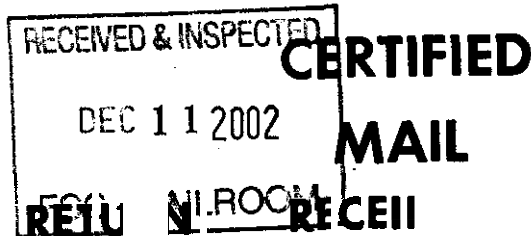
PS Form 3811, July 1999

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) D. Hettipola B. Date of Delivery 12-24-02C. Signature [Signature] ☐ Agent ☐ AddresseeX [Signature]D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ YesDOCKET NO. 01-348

ORDER DATED <u>12-11-02</u>
FCC <u>02M-112</u>
MIMEOGRAPH NO.

REQUESTED

NAME: Deborah A. Lathen
Lathen Consulting, LLP
4000 Massachusetts Avenue, N.W.
Suite 330
Washington, DC 20016

C. R. R. NO.

BY _____

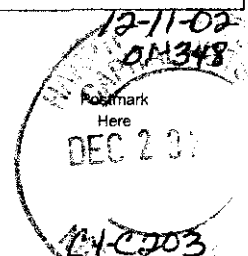
U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$ <u>37</u>
Certified Fee	<u>2.30</u>
Return Receipt Fee (Endorsement Required)	<u>1.75</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>4.42</u>



Name (Please Print Clearly) (to be completed by mailer)

DEBORAH A. LATHEN
Street, Apt. No., or PO Box No. Suite 330
4000 MASSACHUSETTS AVENUE, N.W.
City, State, ZIP+4
WASHINGTON, DC 20016

PS Form 3840, July 1999

See Reverse for Instructions

7000 0600 0023 0771 2467